

HOUSEHOLD NOTIFICATION OF VERIFICATION

Date _____

Dear: _____

Your application for free or reduced price meals has been selected as part of a review to make sure only eligible students receive meal benefits.

This letter requires that you send information or contact (official's name) by (date)*. You must send **either** (1) papers showing that you get Food Stamps or TANF for your child **or** (2) the name and social security number of every adult household member on the enclosed sheet and papers that show your household's current income.

We have enclosed information that shows the kinds of papers that you may use to prove that you now get Food Stamps or TANF for your child or to show your household's income. If possible, do not send original papers. If you do send original documents, they will be sent back to you only if you ask.

If you do not send information that proves your child is eligible to receive free or reduced price meal benefits by (date)*, these meal benefits will be stopped.

If you have any questions, or if you need any help, please call: _____, Telephone number: _____.

Thank you for your cooperation in this matter.

Sincerely,

Encs: Verification Information Update with Privacy Act statement on reverse side.

*These dates must be the same and must be 10 working days from the date of this letter.

Privacy Act: You must give the Social Security Number of each adult household member or mark the "No Social Security Number" box. This is required by Section 9 of the National School Lunch Act. We may use the Social Security Number to check the information you provide about your household income. You do not have to give your Social Security Number or mark the "No Social Security Number" box, but if you do not, your children will stop getting free or reduced price meals.

The Maine Department of Education in accordance with Federal law and U. S. Department of Agriculture policy ensures equal employment and educational opportunities and affirmative action, and does not discriminate in its educational programs, services, activities, or employment policies on the basis of race, sex, color, religion, national origin, marital status, age or disability.

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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Affirmative Action Officer
Maine Department of Education
23 State House Station
Augusta, Maine 04333-0023
Voice: 207-624-6600; TTY 1-888-577-6690
Fax: 207-624-6700

VERIFICATION INFORMATION UPDATE

Name of person filling out this form: _____ Day time phone number: _____
 IF THE HOUSEHOLD IS ELIGIBLE FOR FOOD STAMPS OR TANF CHECK HERE _____ AND SEND COPY OF CURRENT ID CARD OR BENEFIT LETTER. DO NOT COMPLETE THE REMAINDER OF THIS FORM

READ THE PRIVACY ACT STATEMENT ON THE BACK OF THIS PAGE, THEN COMPLETE THIS FOR ALL ADULTS LIVING IN THE HOUSEHOLD AT THIS TIME.:

| | | |
|-------------------|---------------------|-------------------------------|
| First & Last Name | Social Security No. | Employer (if none write none) |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List additional adult names, Social Security Numbers and employers on the back of this page.

COMPLETE THE FOLLOWING CHART FOR ALL WAGES EARNERS CURRENTLY IN THE HOUSEHOLD.

| Put an (X) after each income source that applies, COMPLETE A, B, and C for each source of income. | X | A. WRITE IN Gross amount currently | B. WRITE IN How often income received | C. SEND PROOF FOR EACH SOURCE WRITE your name on original or copy of each document on which it does not appear |
|---------------------------------------------------------------------------------------------------|---|-------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Wages, Salaries or Commissions before Deductions | | | | Check stub, pay envelope or letter from employer stating wages or salary, and/or military leave earnings statement. |
| Welfare Payments, Alimony or Child Support. | | | | Benefit letter, check stub, court decree or check received. |
| Pensions, Retirement or Veteran's Benefits | | | | Benefit notice, check stub, or check. |
| Social Security Payments, including Payments to Children | | | | Check stub check or benefit notice. |
| Unemployment or Strike Benefits | | | | Benefit notice, check stub or check. |
| Self-Employment | | | | Copy of most recent income tax return - Forms 1040 and schedules C and/or F (when applicable). |
| Disability, Worker's Comp. or Veteran's Disability | | | | Benefit notice or check stub compensation notice. |
| Other Income-for example: rents, royalties, withdrawals from savings, etc. | | | | Include documents of other incomes and describe on back of this page. |

NUMBER OF ADULTS _____ AND CHILDREN _____ LIVING IN THE HOUSEHOLD

All of the information above is true and correct and all income is reported. I understand that because this information will result in receiving Federal benefits, school officials may verify this information and that deliberate misrepresentation may mean prosecution under applicable State and Federal laws.

SIGNATURE OF ADULT _____ **Date** _____

MAIL THIS AND ALL SUPPORTING DOCUMENTS in the postage free envelope enclosed. All information provided will remain confidential and will be used only for verifying eligibility to receive federally funded Free and Reduced School Meals.

Mail to: (School Address)

snp-v-5 Rev 8/91

PRIVACY ACT STATEMENT:

The National School Lunch Act requires that, unless you show that you receive food stamps or TANF for your child, you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided for each adult household member or an indication made that an adult household member does not have a social security number, benefits will be terminated. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number

VERIFICATION DOCUMENTS

The following listing contains suggestions of sources of acceptable income documentation. This list is not exclusive, and additional sources may be requested.

| TYPES OF INCOME | SUGGESTED SOURCES OF ACCEPTABLE WRITTEN EVIDENCE |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Earnings, wages, salary, strike | -A current paycheck stub or pay benefits and commissions envelope showing total <u>gross</u> pay. -Letter from employer stating <u>gross</u> wages and frequency. |
| 2. Self-employed | -Business or farming documents, such as ledger books. -Last quarterly tax estimate. -Last year's Federal tax return, Forms 1040 and Schedule C or F. |
| 3. Cash Income | -A letter from the employer stating wages or fees for services, paid and frequency. -A letter from the payer stating amounts paid frequency. |
| 4. General Assistance | -Benefit letter from the welfare agency or ATP card. |
| 5. Unemployment Compensation | -Unemployment compensation award letter. -Eligibility Notice from State Employment Security Office. -Agency records. -Check stub or photocopy of check. |
| 6. Child Support or Alimony | -Copies of checks or other proof of payments received, court decree or agreement. -A letter from former spouse or lawyer stating amounts paid and frequency. |
| 7. Social Security retirement, Social Security payments to survivors (spouses and children) and disability payments | -Social Security benefit letter. -Official statement of benefits received. -Monthly check (green) or photocopy. -Bank statement (for direct deposits). |
| 8. SSI or Supplemental Security Income to households with aged, blind, disabled members or a child with learning disabilities | -SSI eligibility letter. -SSI check (gold) or photocopy. -Official statement of benefits received. |
| 9. Pensions, non-Social Security retirements or survivor benefits, and Worker's Compensation | -Official statement of benefits received. -Pension retirement or compensation award notice or letter. -Check stub. |
| 10. Veterans Payments to disabled members of the Armed Forces or to survivors of deceased veterans | -Official statement of benefits received. -Veterans Administration award notice. -Monthly check or photocopy. |
| 11. Rental Income and room and board income | -Rental agreement. -Letter from boarder stating amount paid and frequency. |
| 12. Military Pay and Allowances | -Leave and Earnings Statement. -Letter from base commander stating amount and frequency of pay and allowance. |
| 13. Zero Income - report of no income on the application | -Written statement from household describing how it subsists. -Collateral contact. |

LETTER TO THE FOOD STAMP/TANF OFFICE
FROM THE SCHOOL FOOD AUTHORITY

Optional

Date

Dear _____:

The receipt of food stamps or TANF automatically qualifies children for free school meals. The regulations for the Food Stamp Program and the Aid to Families with Dependent Children (TANF) Program permit Food Stamp and TANF Offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

Although many children were made eligible through the Reference List received from the Maine Department of Health and Human Services last August, some children were not included and require confirmation of their participation at this time.

Enclosed is a listing of approved meal applicants who have been selected for verification. On the enclosed listing, please indicate if these household members are currently participating in the Food Stamp and or TANF Program. This information will be used only to confirm the approved applicant's eligibility for free meal benefits.

Your return of the listing by _____ will be appreciated. A self-addressed, pre-stamped return envelope is also enclosed for your convenience.

If you have any questions, or need additional information, please contact _____ at Telephone Number _____.

Sincerely,

Signature

Title

Enclosure: (Verification Form-Food Stamp/TANF Recipients)

VERIFICATION OF FOOD STAMP/TANF RECIPIENTS'
ELIGIBILITY FOR FREE SCHOOL MEALS

Optional Use

| ADULT MEMBER Last Name, First | CHILD'S NAME Last Name, First | Town Residence | PARTICIPATES Yes No |
|----------------------------------|----------------------------------|-------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|------------------------------------------|-------|
| Signature of Food Stamp or TANF Official | Title |
| Address | Date |
| | |
| | |
| Telephone Number | |

LETTER TO PARENTS THANK YOU, SELF DENIAL

Date _____

Dear

Thank you for responding to our letter concerning the verification process for free and reduced price meal applications. Since you have indicated that your family no longer needs the benefits, we will inform each school accordingly.

If your financial status changes again, you may reapply for free or reduced price meal benefits.

Sincerely,

The Maine Department of Education in accordance with Federal law and U. S. Department of Agriculture policy ensures equal employment and educational opportunities and affirmative action, and does not discriminate in its educational programs, services, activities, or employment policies on the basis of race, sex, color, religion, national origin, marital status, age or disability.

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LETTER TO PARENTS FOR MORE INFORMATION

Date _____

Dear

Thank you for sending information for the verification of your application for Free and Reduced Price Meals. However, we need more information about your application.

Please mail in the enclosed postage-free envelope: (Describe the information needed)

Kindly send this information by _____. * Otherwise, we will have to end the school meal benefits your child/children have been getting. Please mail this information as soon as possible so your children may continue to get school meal benefits.

If you have any questions, or if you need help, you may call _____ Telephone Number _____, between the hours of _____ and _____ p.m. Monday through Friday.

Sincerely,

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LETTER TO PARENTS OF VERIFICATION COMPLETION

Date _____

Dear

Your children will continue to get free or reduced price meals. We saw that your household's income agreed with either the records that we checked or those that you sent to us.

Thank you for your help in the verification process.

If you have any questions about our school meals programs, please feel free to contact me at any time.

Sincerely,

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LETTER TO PARENTS OF VERIFICATION COMPLETION, PAID

Date _____

Dear _____

The verification process that we explained in our letter of _____ has ended.

Starting _____*, you should send money to pay for the meals or send a lunch with your child/children. They will no longer get free or reduced price meals because

_____ We found that your household income was over the income guidelines for free meals and for reduced price meals.

_____ You did not send complete proof of current eligibility. The following information is missing

If you feel that this finding is wrong, there is a hearing procedure that protects you. We have included a copy with this letter.

To ask for a hearing, you must contact _____, the Hearing Official within 30 days. If you do this by _____* your children will continue to get free/reduced meals until the Hearing Official has made a decision. The Hearing Official's decision is binding.

If you have any questions, or if you need help, you may call _____ at _____, between _____ and _____ Monday through Friday.

If your income changes, you may reapply for Free or Reduced Price Meals at any time during the school year.

Sincerely,

Enclosures: Request for Hearing
Hearing Rights and Procedures

*These dates must be the same and must be 10 working days from the date of this letter.

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PARENT LETTER VERIFICATION STATUS CHANGE 1

Date_____

Dear

The verification process that we explained in our letter of _____ has ended.

We found that your household income was within the income guidelines for free meals. So, your child/children will get free meals starting ____*_____.

If you feel that this finding is wrong, there is a hearing procedure that protects you. We have included a copy with this letter.

To ask for a hearing, you must contact _____, the Hearing Official within 30 days. If you do this by ____*_____ your children will continue to get free meals until the Hearing Official has made a decision. The Hearing Official's decision is binding.

If you have any questions, or if you need help, you may call _____ at _____, between _____ and _____ Monday through Friday.

Sincerely,

Enclosures: Request for Hearing
Hearing Rights and Procedures

*These dates must be the same and must be 10 working days from the date of this letter.

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PARENT LETTER VERIFICATION STATUS CHANGE 2

Date_____

Dear

The verification process that we explained in our letter of _____ has ended.

We found that your household income was over the income guidelines for free meals, but was within the guidelines for reduced priced meals. So, your child/children will get reduced priced meals starting _____*_____. The reduced price charge is _____ for lunch and _____ for breakfast.

If you feel that this finding is wrong, there is a hearing procedure that protects you. We have included a copy with this letter.

To ask for a hearing, you must contact _____, the Hearing Official within 30 days. If you do this by _____*_____ your children will continue to get reduced price meals until the Hearing Official has made a decision. The Hearing Official's decision is binding.

If you have any questions, or if you need help, you may call _____ at _____, between _____ and _____ Monday through Friday.

Sincerely,

Enclosures: Request for Hearing
Hearing Rights and Procedures

*These dates must be the same and must be 10 working days from the date of this letter.

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NOTICE OF HEARING RIGHTS AND PROCEDURES

Right to Appeal

Any person who is not satisfied with the decision of the Verifying Official to terminate or reduce Free or Reduced Price Meals/Free Milk may appeal and receive a hearing. A specially appointed Hearing Officer will hear your appeal and make a decision.

Hearing Procedures

1. If you want to appeal a termination or reduction in school lunch benefits, complete the attached Request for Hearing and mail it to _____ within 30 days of the date of notice of termination or reduction of benefits. If you file within 10 days your child's school lunch benefits will continue through the hearing process.
2. You have the right to examine, before and during the hearing, any records in your file concerning your child's eligibility and the reasons for termination or reduction of school lunch benefits. (Contact _____ to arrange your examination of the case file. Call _____).
3. You may request an informal meeting with the Verifying Official to present any documentation or other evidence concerning your family income or family size. (Contact _____ to do this).
4. The hearing will be scheduled with reasonable promptness and, as far as possible, at a time, place and date convenient to you. You will receive written notice of the hearing schedule. (Contact _____ if you are unable to attend on the date scheduled. Call _____).
5. You may choose to be represented at the hearing by an attorney or a friend or you may represent yourself.
6. At the hearing, you have the right to present oral and written evidence to support your appeal and to present witnesses to testify for you.
7. You have the right to question any witnesses presented by the Verifying Official and to refute any testimony or evidence presented.
8. The hearing will be conducted by a specially appointed Hearing Officer who did not participate in making the decision to terminate or reduce your child's school lunch benefits.
9. The decision of the Hearing Officer will be based only on the evidence presented at the hearing.
10. You and the Verifying Official will be notified in writing by the Hearing Officer of the decision concerning your appeal.
11. This decision of the Hearing Officer will be the final administrative decision.

Civil Rights Notice

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REQUEST FOR HEARING

TO:

FROM: (Name)

(Address)

CHILD/CHILDREN RECEIVING FREE/REDUCED PRICE MEALS OR FREE MILK

(Name) (School)

(Name) (School)

(Name) (School)

(Name) (School)

(Name) (School)

I wish to appeal the decision of the Verifying Official to reduce/terminate the free/reduced price meals/free milk of my child/children stated in a letter to me on (Date).

The basis for my appeal is as follows: (State why you disagree with the decision.)

I understand that I am entitled to a hearing on this matter. I further understand that I am entitled to the following rights:

1. The right to be represented by an attorney or a friend if I so choose;
2. The right to cross-examine witnesses and examine evidence;
3. The right to present witnesses and evidence on my behalf.

I have read and I understand the Notice of Hearing Rights and Procedures.

Date: _____

Signature

Internal Use Only

VERIFICATION FINAL REPORT TO SCHOOLS

| STUDENT NAME | SCHOOL | OLD STATUS | NEW STATUS | EFFECTIVE |
|--------------|--------|------------|------------|-----------|
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |

Internal Use Only

HOUSEHOLD FILE CONTROL FORM

Head of Household Name: _____

Date Selected: _____ Notification Sent: _____

Response Due: _____ Second Notice Sent: _____

Response Due: _____ Missing Information: _____

DOCUMENT ALL TELEPHONE CONTACTS ON REVERSE SIDE OF THIS PAGE.

Date Reduction/Termination Notice Sent: _____

Food Stamp/TANF Household Income Household: \$ _____ Monthly

Confirmed By - Confirmed by -

☐ Predetermined Eligibility List ☐ Wage stubs

☐ Food Stamp/TANF Office ☐ Written documents (Explain below)

☐ ATP Card ☐ Collateral Contacts (Explain below)

☐ Other: _____ ☐ Agency Records

☐ Eligibility not confirmed ☐ Other: _____

Explanation: _____

Verification Result:

☐ No Change ☐ Reduced to Free ☐ Free to Reduced ☐ Ineligible

Reason For Change: ☐ High Income ☐ Refused to Cooperate
 ☐ Food Stamp/TANF Eligibility Not Confirmed
 ☐ Other - include self denial

Signature of Verifying Official: _____

Date: _____